



State Digital Equity Capacity Grant Program Specific Projects Application Form

This form will serve as a tool to capture specific project details for the State Digital Equity Capacity Grant Program application.

Applications from States must be received no later 11:59 p.m. ET on [DATE], 60 days after the issuance the NOFO. Applications from U.S. Territories must be received no later 11:59 p.m. ET on July 31, 2024.

Per Section II.C.2. of the NOFO, any State or Territory applying for the program must submit an application that contains the information included in this Application Form. States and Territories must submit all project details to NTIA via the NTIA Grants Portal within nine months of the award date. The information collected will be subject to review and approval before the State or Territory may draw down funds to implement the project(s).

Applicants should enter into this form information pertaining to all projects the State or Territory intends to implement in this fiscal year's allocation. Projects for which an applicant indicates they will subgrant funds will require additional details on the State or Territory's subgrantees.

If you have any further questions, or require technical assistance, please reach out to your assigned Federal Program Officer.

Click on the link below to view the specific projects application form.



Specific Projects

Applicant Level	Project Level	Project Level
State / Territory	Project	Project ID
<i>Write the postal abbreviation for your State or Territory (i.e., AL for Alabama)</i>		<i>Provide a unique ID for the project using the following structure where [XX] is two digits, starting with 01: [State or Territory Postal Code]-Capacity Grant Project-[XX]</i>

Example

AL	Birmingham Laptop Distribution Program	AL-Capacity Grant Project-01
AL	Mental Health Online Resource Portal	AL-Capacity Grant Project-02
AL	Library Computer Class	AL-Capacity Grant Project-03



Project Level

Project Level

Project Level

Primary Digital Equity Outcome

Secondary Digital Equity Outcome

Executive Summary

Select the primary digital equity outcome for the project

Select the secondary digital equity outcome for the project

In 2-3 sentences, provide a brief executive summary of the specific activity or set of activities the project intends to complete or implement, where the project will be carried out, and the expected beneficiaries of the project.

Civic and Social Engagement

Economic and Workforce Development

Open-ended text

Health

Open-ended text

Economic and Workforce Development

Open-ended text

Project Level

Project

Project Activities

Environmental and Historic

List the specific activity or set of activities the project intends to complete or implement

Does the project propose to install fixed equipment on or in a building?

Open-ended text

No

Open-ended text

No

Open-ended text

No



t Level

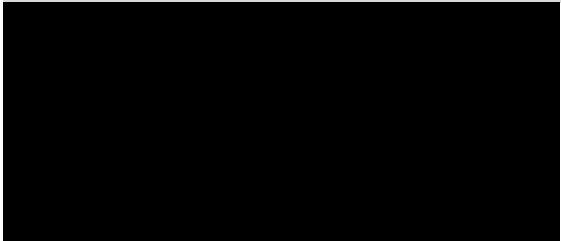
Project Level

Historical Preservation (EHP)

Build America Buy America (BABA) Act

If Yes, provide the location of the building and year of original construction in the field directly below and also upload the documentation required in the NTIA Grants Portal for EHP.

Is the project an "infrastructure project" (as defined in 2 C.F.R. 184.3), and thus is subject to and must abide by BABA?



No

No

No



Project Level

Project Level

Barriers to be Addressed	Measurable Objectives	Individuals who live in covered households (i.e., with an income no more than 150 percent of the federal poverty threshold)
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<i>List the barrier(s) to digital equity the project will address</i>	<i>List the measurable objectives to be pursued and the data to be collected to demonstrate success in meeting these objectives, including quantitative baseline data.</i>	<i>Provide the estimated number of individuals to be served for each covered population.</i>
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<i>Open-ended text</i>	<i>Open-ended text</i>	10,000
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<i>Open-ended text</i>	<i>Open-ended text</i>	10,000
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<i>Open-ended text</i>	<i>Open-ended text</i>	10,000
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Project Level

Covered Populations Served

Aging individuals

Incarcerated individuals

Veterans

Individuals with disabilities

Provide the estimated number of individuals to be served for each covered population.

Provide the estimated number of individuals to be served for each covered population.

Provide the estimated number of individuals to be served for each covered population.

Provide the estimated number of individuals to be served for each covered population.

5,000

0

100

100

5,000

500

100

100

5,000

0

100

100

Project Level

Individuals with a language barrier

Individuals who are members of a racial or ethnic minority group

Individuals who primarily reside in a rural area

Geographies

Provide the estimated number of individuals to be served for each covered population.

Provide the estimated number of individuals to be served for each covered population.

Provide the estimated number of individuals to be served for each covered population.

List the specific geographies to be served (if not State- or Territory-wide)

100

4,000

0 *Open-ended text*

100

4,000

1,000 *Open-ended text*

100

4,000

1,000 *Open-ended text*

Project Level		
Project Level	Project Level	Project Level
Alignment to DE Plan	Anticipated Outputs	Anticipated Start Date
<i>Description of how the proposed project or activity will be evaluated to determine successful implementation of the Digital Equity Plan of the State or Territory, including specific references to the Digital Equity Plan and quantitative baseline data.</i>	<i>Provide estimates of the anticipated outputs of the activity or project (For example, the number of hours of training to be provided, the number of curricula to be developed, or the number of devices to be provided).</i>	<i>Insert the anticipated start date for this project</i>
<i>Open-ended text</i>	<i>Open-ended text</i>	9/1/2024
<i>Open-ended text</i>	<i>Open-ended text</i>	9/15/2024
<i>Open-ended text</i>	<i>Open-ended text</i>	10/1/2024



Project Level

Project Level

Project Level

Anticipated End Date

Project Duration

Funding Amount

Insert the anticipated end date for this project

Do not enter or edit text below.
The project duration will auto-populate based on the anticipated start and end dates.

Insert the amount of funding that will be used for this project

7/30/2025 0 years, 10 months, 29 days \$ 150,000.00

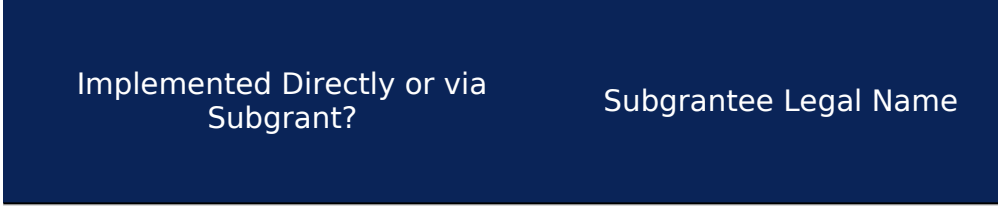
7/15/2029 4 years, 10 months, 14 days \$ 220,000.00

6/30/2029 4 years, 8 months, 29 days \$ 90,000.00



Project Level

Subgrantee Level



Implemented Directly or via Subgrant?

Subgrantee Legal Name

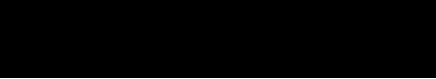
Indicate whether the State or Territory will implement the project directly or will subgrant funds to implement the project. (Note that additional details must be provided in the following columns for projects implemented through subgrants).

If the project will be implemented through a subgrant, insert the name of the entity that will implement the proposed project (if known at the time of application)

Subgrant

University of Alabama at Birmingham

Directly by the State / Territory



Subgrant

Montgomery Library



Subgrantee Level

Subgrantee Level



Legal Identifiers of Subgrantee

Subgrantee Capacity

<i>If the project will be implemented through a subgrant, insert the UEI of the subgrantee</i>	<i>If the project will be implemented through a subgrant, insert the EIN of the subgrantee</i>	<i>If the project will be implemented through a subgrant, describe the subgrantee's capacity to manage the project for which it will receive a subgrant</i>
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123456789101

123456789

Open-ended text



111098765432

987654321

Open-ended text

Subgrantee Level

Designation of Subgrantee
as WBE, MBE, Small Business

*If the project will be implemented
through a subgrant, select if the
subgrantee is a women's business
enterprise, minority business
enterprise, or small business*

MBE

N/A

Specific Projects

Project Category	Implemented Directly or through Subgrant?
Economic and Workforce Development	Directly by the State / Territory
Education	Subgrant
Health	
Civic and Social Engagement	
Delivery of Other Essential Services	
Other	

Designation of Subgrantee as WBE, MBE, Small Business	Installation of fixed equipment?
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WBE Yes

MBE No

Small Business

N/A

**multi-select dropdown*